FORM B10 (Official Form 10) (Rev. 4/98)	<u></u>	
United States Bankruptcy Court <u>SOUTHERN DISTRI</u> 61288, Houston TX 77208 (Houston Div	ICT OF TEXAS P.O.Box rision)	PROOF OF CLAIM
Name of Debtors	Case Number	
Stage Stores, Inc., a Delaware corporationSpecialty Retailers, Inc., a Texas corporationSpecialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-34891 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing a claim against		United States Bankruptcy Court
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	Southern District of Texas FILED
Kirksville Daily Express	Attach copy of statement giving particulars.	JUN 2 8 2000
Name and address where notices should be sent: ***********************************	Check box if you have never received any notices from the bankruptcy court in this case	Michael N. Milby, Clerk
PO Box 809 Kirksville MO 63501-0809	Check box if the address differs from the address on the envelope sent to you by the	
	Check here replaces	_
Account or other number by which creditor identifies debtor:	Check here replaces if this claim amends a prev	riously filed claim, dated:
1. Basis for Claim Goods sold X Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 to Wages, salaries, and compensation Your SS#: Unpaid compensation for services from to	on (Fill out below) performed (date)
4. Total Amount of Claim at Time Case Filed: \$ \(\frac{2}{3} \) \(\frac{2}{3} \) \(\frac{2}{3} \) If all or part of your claim is secured or entitled to priority, also comple \(te Item 5 or 6 below.	
 5. Secured Claim. — Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: — Real Estate — Motor Vehicle 	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* eamed within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11	
Other All personal and intangible property of Debtor's Estate Value of Collateral: \$	 U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). 	
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	Other – Specify applicable paragraph of 11 U.S.C. § 507(a). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
 7. Credits: The amount of all payments on this claim has been credited and dethe purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, concourt judgments, mortgages, security agreements, and evidence of perfection of DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your enclose a stamped, self-addressed envelope and copy of this proof of claim. 	tracts, of lien.	This Space is fer-Court-Use-Only —
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): $ \begin{array}{ccccccccccccccccccccccccccccccccccc$		640
Penalty for presenting fraudulent claim: Fine of up to \$500,00		. 18 U.S.C. §§ 152 and 3571.